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DATA LAYOUT - STATE-ADDED QUESTIONS

FOR 2001 BRFSS QUESTIONNAIRE Date 9/20/00

(Arizona)

For those states selecting the standardized Disability Module, it is located in columns 371-393.

columns 371-393.				
Field Size	Columns (beginnin g with 400; not to exceed 599)	Question	Response Categories (Code = Response)	
		State Added Questions - Immunization (Infl	uenza Vaccination)	
1	400	AZ1_1. During the past 12 months, have you had a flu shot?	Yes 1 No 2	
			Don't know/Not sure 7 Refused 9	
1	401	If AZ1_1 is yes, then ask AZ1_2: Did you get the shot before the end of 2000 or after the beginning of 2001?	2000 1 2001 Go to AZ1_3 2 Don't know/Not Sure 7 Refused 9	
2	402	AZ1_3. At what kind of place did you get your last flu shot?	Doctor's office or Health Maintenance Organization 01 A Health Department 02 Another type of clinic or health center 03 A Senior, Recreation or Community Center 04 A Store [Examples: supermarket, drug store] 05 A Hospital or Emergency Room 06 Workplace 07 Other [specify] 08 Don't know/Not sure 77 Refused 99	
2	404	If AZ1_1 is no, then ask AZ1_4: What is the main reason you didn't get a flu shot {during the past 12 months}?	Didn't know I needed it 01 Doctor didn't recommend it 02 Didn't think of it/forgot/missed it 03 Tried to get a flu shot, but no flu shots were available 04 Tried to get a flu shot, but my doctor said I didn't need it 05 Didn't think it would work 06 Don't need a flu shot/not at risk/flu not serious 07 Shot could give me the flu/allergic	

Field Size	Columns (beginnin g with 400; not to exceed	Question	Response Categories (Code = Response)
	599)		reaction/other health problem Doctor recommended against getting the shot/allergic to shot/medical reasons Don't like shots or needles/don't want it10 Other [specify] 11 Don't know/Not sure 77
			Refused 99
		State Added Questions - Mental I	lealth
1	406	The next few questions are about mental health. Please remember that your answers are strictly confidential and that you don't have to answer any question if you don't want to. AZ2 1 During the past year, would you	A lot of stress A moderate amount of stress 2 Relatively little stress 3 Almost no stress at all 4 Don't know/Not sure Refused 9
1	407	say that you experienced: AZ2_2 In the past year, how much effect has stress had on your health:	A lot 1 Some 2 Hardly any 3 None 4 Don't know/Not sure 7
1	408	AZ2_3 In the past year, did you think about seeking help for any personal or emotional problem from family or friends?	Refused 9 Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	409	AZ2_4 From a helping professional or self-help group?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	410	If AZ2_3 and/or AZ2_4 is yes, then ask AZ2_4A:	Yes 1 No 2
		AZ2_4A Did you actually seek any help?	Don't know/Not sure 7 Refused 9

Field Size	Columns (beginnin g with 400; not to exceed	Question	Response Categories (Code = Response)
1	599) 411	AZ2_5 During the past 12 months, did your worksite offer any information or activities concerning stress management?	Yes GO TO AZ5_5A 1 No GO TO AZ5_6 2 Don't know/Not sure GO TO AZ5_6 7 Refused GO TO AZ5_6 9
4	412-415	AZ2_5A Which of the following were offered relating to stress management:? (4 responses allowed)	Individual classes Group classes Resource materials, such as posters, brochures, pamphlets or videos Job redesign, personnel reassignments Don't know/Not sure Refused 7
1	416	AZ2_6 During the past 12 months, did you have - a. Schizophrenia?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	417	b. Paranoid or delusional disorder, other than schizophrenia	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	418	c. Manic episodes or manic depression, also called bipolar disorder	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	419	d. Major depression? Major depression is a depressed mood and loss of interest in almost all activities for at least 2 weeks?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	420	e. Anti-social personality, obsessive- compulsive personality or any other severe personality disorder?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	421	f. Alzheimer's disease or another type of	Yes 1

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		senile disorder?	No	2
			Don't know/Not sure Refused	7 9
1	422	g. Alcohol abuse disorder?	Yes No	1 2
			Don't know/Not sure Refused	7 9
1	423	h. Drug abuse disorder?	Yes No	1 2
			Don't know/Not sure Refused	7 9
1	424	If 'yes' to one or more 'a' through 'h' above answer AZ2_7. If 'no', 'DK/NS', or □refused□ to any or all of 'a' through	Yes No	1 2
		□h□ then skip to AZ3_1.	Don't know/Not sure Refused	7 9
		AZ2_7 Because of (this/any of these) mental or emotional problem(s) are you unable to work or limited in the kind of work or activity you can do?		
		State Added Questions - Osteoporosis - As	sk women only	
1	425	AZ3_1 Thinking back over the past month, how many servings of milk or milk products do you usually consume each day? One serving equals 8 ounces of milk or yogurt, or two slices of cheese.	Less than 1 1 serving 2 servings 3 servings 4 servings 5 servings or more Don't consume milk or milk products Don't know/not sure Refused	0 1 2 3 4 5 6
1	426	AZ3_2 During the past month, did you regularly take any supplements containing only calcium?	Yes No Don't know/Not sure Refused	1 2 7 9

Field Size	Columns (beginnin g with 400; not to exceed 599)	Question	Response Categories (Code = Response)
3	427-429	AZ3_3 How often do you take calcium supplements?	a. Per day 1 b. Per week 2 c. Per month 3 d. Per year 4 e. Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9
3	430-432	AZ3_4 How often do you do strength building exercises, like lifting free weights, use weight training machines, or pushups or pullups?	a. Per day 1 b. Per week 2 c. Per month 3 d. Per year 4 e. Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9
1	433	AZ3_5 Have you ever been tested for osteoporosis by having a bone density scan which is a test that scans and measures your bones, similar to an x-ray?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
		State-added Antibiotic Resistance	
20	434-452	The next set of questions are about your understanding of Antibiotic Resistance. Please remember that your answers are strictly confidential and that you don't have to answer any question if you don't want to. AZ4_1. What do you usually do when you get a cold?	Call a parent or grandparent for advice O1 Call the doctor's office and get advice O2 Go to the doctor's office Go to the emergency room Go to the urgent care room Get advice from a pharmacist Look for advice in magazines, pamphlets, and other printed materials Look for advice on the internet Take over-the-counter medication (such as decongestants and cough suppressants) to relieve my symptoms Rest Other (Specify) Don't Know 77 Refused 99
1	454	AZ4_2. When you are sick with a cold or the flu, do you call or see your health care provider to get antibiotics?	All of the time. Most of the time. Some of the time. Never 1 2 3 Never 4

Field Size	Columns (beginnin g with 400; not to exceed 599)	Question	Response Categories (Code = Response)
			Don't know/Not sure 7
1	455	AZ4 3. When you get a cold, do	Refused 9 All of the time. 1
1	433	AZ4_3. When you get a cold, do antibiotics help you get better faster?	Most of the time. 2
		antiblotics help you get better faster?	Some of the time.
			Never 4
			Don't know/Not sure 7
			Refused 9
1	456	AZ4_4. When prescribed an	All of the time.
		antibiotic, do you take it until it is gone?	Most of the time. 2
			Some of the time.
			Never 4
			Don't know/Not sure 7
			Refused 9
1	457	AZ4_5. Do you stop taking	All of the time.
		antibiotics when your symptoms are gone?	Most of the time. 2
			Some of the time. 3
			Never 4
			Don't know/Not sure 7
			Refused 9
1	458	AZ4_6. In the past, year, did you	All of the time.
		take antibiotics obtained without a	Most of the time. 2
		prescription, prescribed for a previous	Some of the time. 3
		illness, or prescribed for someone else?	Never 4
			Don't know/Not sure 7 Refused 9
1	459	AZ4 7. Do you think viral infections	Refused 9 All of the time. 1
1	439	can be cured with an antibiotic?	Most of the time.
		can be cured with an antibiotic!	Some of the time.
			Never 4
			Don't know/Not sure 7
			Refused 9
1	460	AZ4 8. Are you aware of any health	Yes Go to AZ4 8A 1
		problems to yourself or other people	No Go to AZ4 9 2
		associated with taking antibiotics?	Don't know/Not sure Go to AZ4 9
		-	7
			Refused Go to AZ4_9 9
4	461-464	AZ4_8A. Explain the problems you	Rash/allergies/reactions to antibiotics
		are aware of	1
			Concerns related to emerging drug
			resistance such as the following:
			- bacteria/germs become
			resistant/immune to antibiotics/drugs 2

Field Size	Columns (beginnin g with 400; not to exceed 599)	Question	Response Categories (Code = Response)
			-antibiotics/drugs might start to lose their effect on bacteria/germs Antibiotics may kill "friendly/good" bacteria/flora 3 It's healthy to take antibiotics/drugs in general 4 Other (specify up to 200 characters) 5 Don't know/Not sure 7 Refused 9
1	465	If 13.6=8, go to AZ4_10, else continue AZ4_9. When my child has a sore throat or an earache, I expect my doctor to prescribe an antibiotic:	All of the time. Most of the time. Some of the time. Never Don't know/Not sure Refused 1 2 3 7 8 9
1	466	AZ4_10. Do you think there is a good chance that you or someone in your family will get an antibiotic resistant infection sometime in the next ten years?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	467	State Added: Hepatitis C Risk The next questions are about Hepatitis C. Please remember that your answers are strictly confidential and that you don't have to answer any question if you don't want to. AZ5_1. Do you know anyone who has been diagnosed as having Hepatitis C?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
7	468-474	AZ5_2. Do you think Hepatitis C can be spread thru:	Sneezing or coughing Kissing Unprotected sex Food or water Sharing needles to inject street drugs Using the same bathroom Contact with blood of an infected person Bon't know/Not sure Refused 1 Coughing 2 Unprotected sex 3 Food or water 4 Sharing needles to inject street drugs 5 Using the same bathroom 6 Contact with blood of an infected person 8 Don't know/Not sure 7 Refused
1	475	AZ5_3. Do you consider yourself at risk of Hepatitis C?	Yes Go to AZ5_3A 1 No Go to AZ5_4 2 Don't know/Not sure Go to AZ5_4 7 Refused Go to AZ5_4 9
1	476	AZ5_3A. What level of risk do you feel you are at for Hepatitis C?	High risk 1 Moderate risk 2

Field Size	Columns (beginnin g with 400; not to exceed 599)	Question	Response Categories (Code = Response)
			Low risk 3 Don't know/Not sure 7 Refused 9
1	477	AZ5_4. Have you ever been tested for Hepatitis C?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	478	AZ5_5. Have you ever been diagnosed by a physician as having had Hepatitis C infection?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	479	AZ5_6. Prior to 1992, had you ever received a blood transfusion or blood products?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	480	AZ5_7. Have you ever used a needle or syringe to inject "street" drugs (even once)?	Yes 1 No 2 Don't know/Not sure 7 Refused 9

NOTE: YOU MUST PLACE THE NUMBER ONE (1) IN POSITION 765.

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